


PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828		PDC FORM <div style="font-size: 2em; font-weight: bold;">F-1</div> (2/05 10/06)		PERSONAL FINANCIAL AFFAIRS STATEMENT		PDC OFFICE USE <div style="display: flex; justify-content: space-between;"> <div>P O S T</div> <div>M A R K</div> </div>																																			
Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$2,999</td> </tr> <tr> <td>B</td> <td>\$3,000 to \$14,999</td> </tr> <tr> <td>C</td> <td>\$15,000 to \$29,999</td> </tr> <tr> <td>D</td> <td>\$30,000 to \$74,999</td> </tr> <tr> <td>E</td> <td>\$75,000 or more</td> </tr> </table>		DOLLAR CODE	AMOUNT	A	\$1 to \$2,999	B	\$3,000 to \$14,999	C	\$15,000 to \$29,999	D	\$30,000 to \$74,999	E	\$75,000 or more	RECEIVED																							
DOLLAR CODE	AMOUNT																																								
A	\$1 to \$2,999																																								
B	\$3,000 to \$14,999																																								
C	\$15,000 to \$29,999																																								
D	\$30,000 to \$74,999																																								
E	\$75,000 or more																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Last Name</td> <td style="width: 30%;">First</td> <td style="width: 30%;">Middle Initial</td> </tr> <tr> <td colspan="3">Mailing Address (Use PO Box or Work Address)</td> </tr> <tr> <td>City</td> <td>County</td> <td>Zip + 4</td> </tr> </table>			Last Name	First	Middle Initial	Mailing Address (Use PO Box or Work Address)			City	County	Zip + 4	Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.																													
Last Name	First	Middle Initial																																							
Mailing Address (Use PO Box or Work Address)																																									
City	County	Zip + 4																																							
Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature			Office Held or Sought Office title: _____ County, city, district or agency of the office, name and number: _____ Position number: _____ Term begins: _____ ends: _____																																						
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; font-weight: bold; margin-right: 10px;">1</div> <div> INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse) </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; vertical-align: top;"> Show Self (S) Spouse (SP) Dependent (D) </td> <td style="width: 50%;">Name and Address of Employer or Source of Compensation</td> <td style="width: 30%;">Occupation or How Compensation Was Earned</td> <td style="width: 15%;">Amount: (Use Code)</td> </tr> <tr> <td colspan="4" style="height: 150px;"></td> </tr> </table> <div style="margin-top: 5px;"> Check Here <input type="checkbox"/> if continued on attached sheet </div>						Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)																																
Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)																																						
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; font-weight: bold; margin-right: 10px;">2</div> <div> REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$7,500 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Property Sold or Interest Divested</td> <td style="width: 10%;">Assessed Value (Use Code)</td> <td style="width: 25%;">Name and Address of Purchaser</td> <td colspan="2" style="width: 40%;">Nature and Amount (Use Code) of Payment or Consideration Received</td> </tr> <tr> <td style="height: 80px;"></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Property Purchased or Interest Acquired</td> <td></td> <td>Creditor's Name/Address</td> <td>Payment Terms</td> <td>Security Given</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Mortgage Amount - (Use Code)</td> <td style="width: 50%;">Original</td> <td style="width: 50%;">Current</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td>All Other Property Entirely or Partially Owned</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <div style="margin-top: 5px;"> Check here <input type="checkbox"/> if continued on attached sheet </div>						Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received							Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Mortgage Amount - (Use Code)</td> <td style="width: 50%;">Original</td> <td style="width: 50%;">Current</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Mortgage Amount - (Use Code)	Original	Current				All Other Property Entirely or Partially Owned									
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received																																						
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given																																					
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Mortgage Amount - (Use Code)</td> <td style="width: 50%;">Original</td> <td style="width: 50%;">Current</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Mortgage Amount - (Use Code)	Original	Current																																		
Mortgage Amount - (Use Code)	Original	Current																																							
All Other Property Entirely or Partially Owned																																									

CONTINUE ON NEXT PAGE

<div> <div> PUBLIC DISCLOSURE COMMISSION </div> <div>  <div> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov </div> </div> </div>	<div> PDC FORM F-1 SUPPLEMENT (2/0510/06) </div>	<div> SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT </div>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------	------------------------------------------------------------------------

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD			
Last Name	First	Middle Initial	DATE

A

OFFICE HELD,
BUSINESS
INTERESTS:

Provide the following information if, during the reporting period, you, your spouse or dependents

(1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$7,500 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self ☐ Spouse ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)
\$

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

Name

ENTITY NO. 2

Reporting For: Self ☐ Spouse ☐ Dependent ☐

LEGAL NAME:POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

B

LOBBYING:

List persons for whom you or any immediate family member lobbied or prepared state legislation or state rules, rates or standards for current or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet		

C

FOOD TRAVEL SEMINARS

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	
Check here <input type="checkbox"/> if continued on attached sheet				

Information Continued

F-1 Supplement

Name

ENTITY NO.

Reporting For: Self ☐ Spouse ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

B

LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

C

FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

3**ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

- A. Name and address of each bank or financial institution in which you or a family member had an account over \$15,000 any time during the report period.
- B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000 during the period.
- C. Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over \$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.

Type of Account or Description of Asset

Asset Value
(Use Code)Income Amount
(Use Code)Check here ☐ if continued on attached sheet.**4****CREDITORS**

List each creditor you or a family member owed \$1,500 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

**AMOUNT
(USE CODE)**

Creditor's Name and Address

Terms of Payment

Security Given

Original

Present

Check here ☐ if continued on attached sheet.**5**

All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse and/or dependents to travel or to attend a seminar or other training? ___ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☐ I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- ☐ I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature

Date

Contact Telephone: ()

Email: (work)

Email: (Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

Information Continued

F-1

Name						
<div>1INCOME (continued)</div>						
<div>Show Self (S) Spouse (SP) Dependent (D)</div>	Name and Address of Employer or Source of Compensation		Occupation or How Compensation Was Earned		Amount: (Use Code)	
<div>2REAL ESTATE (continued)</div>						
Property Sold or Interest Divested		Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired			Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) OriginalCurrent
All Other Property Entirely or Partially Owned						
<div>3ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)</div>						
A. Name and address of each bank or financial institution			Type of Account or Description of Asset		Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company						
C. Name and address of each company, association, government agency						
<div>4CREDITORS (continued)</div>					AMOUNT (USE CODE)	
Creditor's Name and Address			Terms of Payment	Security Given	Original	Present